

Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services

Overview of Substantive Committee Presentations–Fall 2010 Interim

SEPTEMBER 8, 2010

Community Supports Information

- DHHS had tracked the movement of consumers in the system since July 2009 using Medicaid and State paid claims data.
 - Of those consumers no longer receiving CSS, some have completed treatment; for others service could not be justified; and some may be receiving service in a primary care setting which is not indicated in the data.
 - As of December 31st, all endorsements for Community Support Individual will end

CABHAs Update

- Presentation explained the reasoning behind CABHAs, the goals, the CABHA certification process
 - Members discussed at length whether or not DHHS should set guidelines as to the number of CABHAs there should be in an area
 - There was concern that there should be some diversity in the provider network in order to eliminate abuse

Status Report on the Changes to Level III & IV Facilities for Children

- DHHS provided a status report on Level III and Level IV group homes for children
 - A comprehensive System of Care approach focusing on the needs of children and their families was established to review and respond to the needs of those children.
 - An independent psychiatric assessment for each admission was administered as opposed to one done by the provider agency
 - Question about percentage of children in the system that have also been in the court system.

Second Mile Project – (LME Presentation)

- Second Mile is an East Carolina Behavioral Health LME program that supports adults to transition successfully back to the community after a psychiatric hospitalization in a state operated facility.
 - funded by county dollars and has received national recognition.
 - once a level of recovery is established, Second Mile helps transition people into permanent supportive housing.
 - available to any consumer at Cherry Hospital. It is not limited to ECBH residents.
- Emphasized the importance of having enough critical care beds in the facilities across the State for our growing population

OCTOBER 13, 2010

SIS Assessment Tool Pilot Project

- DHHS provided an update on the Supports Intensity Scale Project within the seven LME pilot sites
 - SIS is a standardized assessment tool designed specifically for individuals with intellectual and developmental disabilities and is designed to determine the actual support needs
 - Total of 895 adolescent and adult SIS assessments within the seven pilot LMEs.

- a request will be made to CMS for a technical amendment to the CAP-MR/DD waiver so that the test can be administered statewide for purposes of resource allocation
- Concerns the pilot had not been designed to be able to provide the basic data to be used to statewide
- further directives about use of the SIS and resource allocation could be included in the LOC report

Independent Assessments/MH Services

- Special provision directed a report
 - Fiscal Year 2010 had 40,000 Medicaid and State funded individuals request new services.
 - independent assessments will be done on everyone which would number 108,000 individuals for the entire year.
 - A multi-stakeholder group made up of an external advisory team that advises the Department and the Division of MHDDSAS, was tasked with determining how to move forward to accomplish the intent of the provision.

Update on Dorothea Dix Hospital & Report on Operating Budget

- DHHS provided an update on Dorothea Dix Hospital and a report on the operating budget
 - noted that the number of state hospital beds has not been decreased, money has been saved, Central Hospital had been built and is operational, and local hospital beds have been added. Overall, there will be an additional 19 Adult Admission beds at Broughton Hospital.
 - DDH employees – As many as 45 - 50 may transfer to Cherry Hospital to fill vacant positions. For employees opting to transfer to Butner, a “park and ride” service from the Dix campus will be offered.

National Health Reform: Overview and Impact on MH/DD/SA Services

- N.C. Institute of Medicine provided an overview and explained the impact of the National Health Reform on MH/DD/SA services.
 - Under the Health Reform Bill, State Medicaid dollars would now be available to pay for non-public institutions for individuals with mental illness.
 - Provisions in the Bill focus on investing in prevention in order to help manage a condition before it exacerbates into a crisis.

Youth Villages Transitional Living Program(LME Presentation)

- Youth Villages Transitional Living Program targets individuals from ages 16 to 21 that are transitioning out of the foster care system.
 - program uses a community based approach targeting youth in their natural environment
 - Participants are followed for 2 years after discharge.
 - Approximately 100 youth have been served to date with an average of 55 daily at a cost of \$51 per day.
 - Approximately 400 children age out of foster care per year

Analysis of Effectiveness of Single Stream Funding

- DHHS explained how Single Stream funding works, the benefits and concerns, and how the effectiveness of Single Stream funding was measured.

Prepared by LOC staff

12/8/10

- In review of the allocations and expenditures of the 13 LMEs for SFY 2009, the amount of service actually provided was more than the State budgeted
- additional \$7M services were created through the leveraging of the flexibility of the services to qualify for grants and other resources
- substance abuse services had increased by 184% across the 13 LMEs participating in Single Stream funding.

NOVEMBER 9, 2010

TASC(LME Presentation)

- East Coast Behavioral Health opened the presentation on Treatment Accountability for Safer Communities
 - The TASC mission is to work with individuals with behavioral health issues involved in the criminal justice system
 - Services are available in all 100 counties and organized into 4 regions
 - TASC is administered through two LMEs
 - Statistics indicate that 68% of probationers in North Carolina have a substance abuse disorder which is in keeping with the national average.
 - Over the last 10 years, TASC went from serving 8,000 clients in 2001-2002, to over 17,000 in 2008-2009.

Three-Way Contracts Update

- DHHS reported to the Committee on the number of bed contracts, the cost, the location of these community beds, and methodology for determining the allocation of beds.
 - These contracts (local hospitals, LME's, and DHHS)for the purchase of the community psychiatric beds have been funded for three years; with the legislature increasing the current year's funding by \$9M in the budget bill for a total appropriation of \$29.1 million.
 - Program has been successful in the effort to increase capacity for inpatient psychiatric treatment
 - Still concerns across the State regarding the waiting time in the ERs.

ICF-MR Cost Analysis and Comparison w/ CAP/MRDD Services

- DHHS provided part I of a cost analysis and comparison of the ICF-MR and CAP/MR-DD services
 - The Murdoch Center does "need determination" on all ICF-MR recipients in the State.
 - The services in the facilities are more comprehensive than in the community ICF-MR and in the CAP/MR-DD waiver.
 - In the 1990s there was established a moratorium on the development of new ICF-MR/DD beds.
 - The moratorium is managed through the Certificate of Need process
 - 50% of the totalMedicaid and State matched dollars in NC goes to funding support for ICF-MRs.
 - Some states are closing large facilities moving to smaller facilities at the community level doing away with large 16 – 300 bed facilities

Update on CAP-MR/DD Tiered Waivers

- DHHS provided the update
 - The Supports Waiver is intended for those with a low level of need. The annual allowable expenditure is \$17,500.
 - The Comprehensive Waiver is intended for those with more extensive needs. The maximum cost limit currently is \$17,501 - \$135,000 per person, per year.
 - The new Community Intensive Waiver is designed to meet the needs of those with the highest medical and behavioral supports needs.
 - A survey of stakeholders regarding the CAP-MR/DD Waivers indicate that most are satisfied with the waiver and request that there not be any big changes.
 - DHHS plan to submit the waivers to CMS by March or April of next year.
 - The current waivers expire 11/1/11.

Overview of the DD Waiting List

- Session Law 2009-186 required the Department to improve supports for persons with developmental disabilities by creating a statewide data collection system containing waiting list information collected regularly and obtained annually from each LME
 - Short Term solutions – spreadsheet was created with the LMEs, and the waiting list work group which included multiple stakeholders. Comprehensive data submitted the end of July suggests a substantial number of persons waiting for service are potentially eligible for CAP-MR/DD funding.
 - Long Term solutions – look at other options beyond the spreadsheet. The spreadsheet can give duplicate information and count people multiple times- making it problematic if the results were to be used for program and budget planning.
 - In January 2011, Value Options will not longer be doing the utilization review for CAP-MR/DD funded individuals. This responsibility is being transferred to the LMEs.